

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Boulos Estafanous

CASE NO. 17-09908

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending 3/29 - 3/31, 2017

BEGINNING BALANCE IN ALL ACCOUNTS \$ 179.00

RECEIPTS:

1. Receipts from operations \$ _____
2. Other Receipts \$ 100.00

DISBURSEMENTS:

3. Net payroll:
a. Officers \$ _____
b. Others \$ _____

4. Taxes
a. Federal Income Taxes \$ _____
b. FICA withholdings \$ _____
c. Employee's withholdings \$ _____
d. Employer's FICA \$ _____
e. Federal Unemployment Taxes \$ _____
f. State Income Tax \$ _____
g. State Employee withholdings \$ _____
h. All other state taxes \$ _____

5. Necessary expenses:
a. Rent or mortgage payments(s) \$ _____
b. Utilities \$ _____
c. Insurance \$ _____
d. Merchandise bought for manufacture or sale \$ _____
e. Other necessary expenses (specify) \$ _____
_____ \$ _____
_____ \$ _____

TOTAL DISBURSEMENTS \$ 0.00

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 100.00

ENDING BALANCE IN ABC Bank \$ 270.00
(Name of Bank)

ENDING BALANCE IN _____ \$ _____
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ 270.00

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RECEIPTS LISTING

FOR MONTH ENDING 3/29 - 3/31, 20⁷

Bank: ABC Bank

Location: Bensenville, Illinois

Account Name: Boulos Estafanous

Account No.: XXXXX0364

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
3/31/2017	Deposit	100.00

TOTAL: 100.00

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

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DISBURSEMENT LISTING

FOR MONTH ENDING 3/29 - 3/31, 2017

Bank: ABC Bank

Location: Bensenville, Illinois

Account Name: Boulos Estafanous

Account No.: XXXXX0364

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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TOTAL: 0.00

You must create a separate list for each bank account from which disbursements were made during the month.

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FOR MONTH ENDING 3/29 - 3/31, 2017

STATEMENT OF INVENTORY

Beginning inventory	\$ <u>0</u>
Add: purchases	\$ <u>0</u>
Less: goods sold (cost basis)	\$ <u>0</u>
Ending inventory	\$ <u>0</u>

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ <u>0</u>
Payroll taxes due but unpaid	\$ <u>0</u>

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

<u>Name of Creditor/ Lessor</u>	<u>Date regular payment is due</u>	<u>Amount of Regular Payment</u>	<u>Number of Payments Delinquent*</u>	<u>Amount of Payments Delinquent*</u>
ABC Bank	1st		0 post filing	
Wells Fargo	1st		0 post filing	

* Include only post-petition payments.

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CASE NAME: Boulos Estafanous CASE NO.: 17-09908

FOR MONTH ENDING 3/28 - 3/31, 2017

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$	<u>0</u>			
Add: sales on account	\$	<u>0</u>			
Less: collections	\$	<u>0</u>			
End of month balance	\$	<u>0</u>			
<u>0-30</u> <u>Days</u>	<u>31-60</u> <u>Days</u>	<u>61-90</u> <u>Days</u>	<u>Over 90</u> <u>Days</u>	<u>End of Month</u> <u>TOTAL</u>	
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$	<u>0</u>			
Add: credit extended	\$	<u>0</u>			
Less: payments of account	\$	<u>0</u>			
End of month balance	\$	<u>0</u>			
<u>0-30</u> <u>Days</u>	<u>31-60</u> <u>Days</u>	<u>61-90</u> <u>Days</u>	<u>Over 90</u> <u>Days</u>	<u>End of Month</u> <u>TOTAL</u>	
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

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FOR MONTH ENDING 3/29 - 3/31, 2017

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

1.	Federal Income Taxes	Yes (✓)	No ()
2.	FICA withholdings	Yes (✓)	No ()
3.	Employee's withholdings	Yes (✓)	No ()
4.	Employer's FICA	Yes (✓)	No ()
5.	Federal Unemployment Taxes	Yes (✓)	No ()
6.	State Income Tax	Yes (✓)	No ()
7.	State Employee withholdings	Yes (✓)	No ()
8.	All other state taxes	Yes (✓)	No ()

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

Form 6123 (rev. 06-97)

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FOR MONTH ENDING 3/29 - 3/31, 2017

INSURANCE QUESTIONNAIRE

Debtors in possession and trustees are required to maintain appropriate insurance on property of the estate to avoid risk to the estate or to the public. See 11 U.S.C. §§ 1107(a) and 1112(b)(4)(C).

1. For each policy of insurance maintained by the debtor in possession as of the Petition Date, state the following (*provide certificates of insurance for each policy if not already provided*):

Carrier	Policy No.	Coverage Type	Policy Expiration Date	Cancellation Date, If applicable*
American Family	12BN-3759-01	Homeowners	10/22/2017	
American Family	12-XK-1466-02	Commercial	6/1/2017	
American Famnily	20-D-430-2291-02	Automobile	6/1/2017	

*If a policy was cancelled for any reason during the reporting period, identify the reason for cancellation (i.e., non-payment, sale of asset, abandonment, etc.).

2. Have all required insurance premium payments during the reporting period been made? If not, identify the policy for which premiums have not been paid, the amount due, and reason for non-payment (attach separate sheet if necessary).

3. Has the debtor/trustee received notice from any insurer during the reporting period that a policy of insurance is subject to cancellation or non-renewal? If so, identify the carrier, coverage type and basis for potential cancellation or non-renewal (attach separate sheet if necessary).

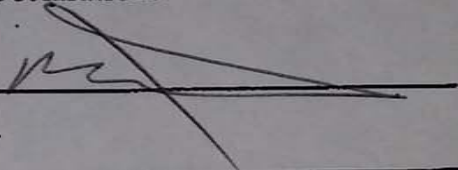
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DECLARATION UNDER PENALTY OF PERJURY

I, Boulos Estafanos, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

For the Debtor In Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

Boulos Estafanos 

Debtor in Possession

DATED: 4/25/2017